Draft Toxicological and Epidemiological Studies Memorandum (TEMS) PCS Comments 3/2/12:

- ❖ The draft document indicates "The majority of exposure scenarios to be evaluated will be in the Baseline Human Health Risk Assessment (BHHRA)" which is scheduled to be administered in July 2012. The area of BHHRS distribution is not mentioned, so on behalf of the residents I humbly request that the distribution area include Baytown and Channelview, as well as the Highlands community so much of the focus has been on thus far
- ❖ Section 2.1—Chemical of Potential Concern
 - This section identifies metals and inorganics as potential concern for human health (also Table 1 of this document). However, this list is not completely reflective of the list identified in the Preliminary Site Characterization Report (July 2011 – Table 1-2). Please notate the reason for deselection of previously identified constituents of concern.
- ❖ The TEMS indicates the majority of exposure scenarios to be evaluated in the BHHRA will be long term (chronic defined as lasting seven years of more). This does not recognize the acute effect a fisherman or child of a fisherman may have encountered via dermal / ingestion routes of exposure in a "hot spot" that may give rise to a non cancereous expression. Hopefully the BHHRS will provide insight on how these exposures will be assessed.
- The TEMS indicates "only dermal and ingestion routes are considered complete and significant for the BHHRS for this site". It would seem that an acute non-cancer exposure should be noted in the assessment if contracted by the aforementioned routes even if the overall outcome did not result in a cancerous expression. This is especially important in children who may have frequently visited the site and whose food source may be subsidized by fish from the SJRWP area. Children generally, eat more food and drink more water proportional to their body side than do adults.
- ❖ The document recounts the results of various studies and values obtained as background for the USEPA's final value / categorical determination. However, the intertwining of this information was at times confusing. The final outcome was stated in some instances, without the benefit of restating the value to be used (i.e. "the chronic RfD {for nickel} will be used to evaluate both chronic and subchronic exposures") without the benefit of restating that particular RfD.
- ❖ Section 6.6 Lack of Toxicological Criteria for Dermal Uptake-- As noted in the document the risk assessment of dermal exposure are uncertain when the proper route-specific toxicological criteria are not used. There is concern that a chemical assessed by the oral "administered dose" may be utilized in place of a dermal "absorbed dose" and the outcome not be correctly estimated.

Let me know if you have any questions.

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